

The Commonwealth of Massachusetts Alcoholic Beverages Control Commission 239 Causeway Street Boston, MA 02114

www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 145200008		CIT	Y OR TOW	N WESTPOR	² T
APPLICATION FO	R RENEWAL:	Seasona	1	LICE	NSED FOR 20	013
		CLASS	1			YEAR
LICENSEE NAME: DOING BUSINESS		B, INC.				
ADDRESS 152 HO	WLAND ROAD					
CITY/TOWN: WE	STPORT	STATE: N	MA Z	ZIP CODE:	02790	
MANAGER: DES	JARDINS, TY HARD P.	PE OF LICENSE	E:Club	1	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YO	OUR EMAIL AI	DDRESS		_
DESCRIPTION OF						
PRO SHOP WITH ON ATTACHED 20'X40' I	NE DOOR ON THE NO DECK.	ORTH SIDE AND	A DOUBLI	E DOOR ON	THE EAST SID	E WITH
I hereby certify and	swear under penaltie	s of perjury that:				
1. the renew	ved license will be of	the same type fo	r the same	premises no	w licensed;	
2. the licens	see has complied with	n all laws of the C	Commonwo	ealth relating	g to taxes; and	
3. the premi	ises are now open for	business (If not	explain be	low)		
SIGNED BY:						
	Individual, Partner	r or Authorized C	Corporate (Officer		
DATE						
DATE:	TELEPHON	IE NUMBER:			ER IDENTIFICAT Individual Social S	
				`		, , ,
Acts of 2004, signe	ed, attest that we are d by the building in (2) the certificate of	spector and the	head of th	ne fire depa	rtment for the	above
Please Check Below:			LO	CAL LICEN	NSING AUTHO	ORITY
APPROVED:			Ву	:		
DISAPPROVED:						
(If disapproved explain	aın)					
DATE:						

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF MARCH (M.G.L. Ch. 138 \$ 16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 145200014	(CITY OR TOWN	WESTPOR	T
APPLICATION FOI	R RENEWAL:	Seasonal	LICEN	013	
		CLASS			YEAR
LICENSEE NAME:	ACOAXET CLUB				
DOING BUSINESS	A				
ADDRESS 152 HOV	WLAND ROAD				
CITY/TOWN: WE	STPORT	STATE: MA	ZIP CODE:	02790	
MANAGER: Desja	ardins, Richard PTYPE	OF LICENSE:Club	C	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEBS	SITE AND ENTER YOUR EMA	IIL ADDRESS		_
DESCRIPTION OF	LICENSED PREMISE	S:			
	LAND ROAD, ENTRAN NING ROOM, PRO SHO				ROAD,
I hereby certify and s	swear under penalties o	f perjury that:			
1. the renew	ed license will be of the	e same type for the sa	ame premises now	licensed;	
2. the licens	ee has complied with a	ll laws of the Commo	onwealth relating t	o taxes; and	
3. the premi	ses are now open for bu	ısiness (If not explain	n below)		
SIGNED BY:					
	Individual, Partner of	r Authorized Corpora	ate Officer		
DATE:	TELEPHONE N	NUMBER:	EMPLOYER IDENTIFICATION NUMBER:		
			(Note: <u>NOT</u> Individual Social Security Number)		
Acts of 2004, signed	d, attest that we are in d by the building insp (2) the certificate of li	ector and the head	of the fire depart	ment for the	above
Please Check Below:			LOCAL LICENS	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED: [(If disapproved explain	ain)				
DATE:					

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 145200028	(CITY OR TOWN WESTPORT					
APPLICATION FOR RENEWAL	: Seasonal	LICENSED FOR 2	013				
	CLASS		YEAR				
LICENSEE NAME: KATHY M.	FERREIRA						
DOING BUSINESS A VILLAGE	PIZZA						
ADDRESS 760 MAIN RD.							
CITY/TOWN: WESTPORT	STATE: MA	ZIP CODE: 02790					
MANAGER: FERREIRA, KATHY M.	TYPE OF LICENSE: Resta	urant CATEGORY:	Wine and Malt Regular				
EMAIL ADDRESS:							
PLEASE ALSO VISI	IT OUR WEBSITE AND ENTER YOUR EMA	IL ADDRESS					
DESCRIPTION OF LICENSED P							
ONE FLOOR, ONE ROOM WITH DINING ROOM SEPARATED BY SERVING COUNTER FROM KITCHEN, ONE REST ROOM, ONE ENTRANCE/EXIT ON NORTH SIDE, NO CELLAR.							
I hereby certify and swear under pe	enalties of perjury that:						
1. the renewed license wil	l be of the same type for the sa	ame premises now licensed;					
2. the licensee has compli-	ed with all laws of the Commo	onwealth relating to taxes; and					
3. the premises are now of	pen for business (If not explain	n below)					
SIGNED BY:							
Individual,	Partner or Authorized Corpora	ate Officer					
DATE: TELE	EPHONE NUMBER:	EMPLOYER IDENTIFICA					
		(Note: NOT Individual Social S	Security Number)				
We the undersigned, attest that Acts of 2004, signed by the build named license and (2) the certific of 2010.	ling inspector and the head o	of the fire department for the	e above				
Please Check Below:		LOCAL LICENSING AUTH	ORITY				
APPROVED:		By:					
DISAPPROVED:							
(If disapproved explain)							
DATE:							

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